

APPLICATION FOR ALCOHOL & DRUG ABUSE PREVENTION COALITION

Send or Drop Off Applications:

Attn: Roberta Payan/Teen Programs
Carrillo Recreation Center
100 E. Carrillo Street
Santa Barbara, CA 93101

Applicant Information

First Name:	Last Name:
Address:	City: ZIP:
Phone:	E-Mail:

Emergency Contact Information

First Name:	Last Name:
Address (if different from above):	City: ZIP:
Daytime Phone:	Evening Phone:

Please answer the following questions on a separate piece of paper and submit with your completed application.

1. Why are you interested in alcohol & drug abuse prevention (please do not make specific references to friends, family or other persons).
2. What does leadership mean to you? In what ways do you consider yourself to be a leader?

Yes or No

Do you feel comfortable working with and speaking in front of others? () YES () NO
Are you able to attend regular 2-hour meetings, 4 times a month? (8hrs/month) () YES () NO

The following information is collected for statistical purposes only:

Date of Birth: _____ Age: _____ Sex: () Female () Male

Ethnicity: _____ School: _____ Grade: _____

How did you hear about the Alcohol & Drug Abuse Prevention Coalition? _____

I certify that the information on this application is true to the best of my knowledge and belief, and understand that false statements and/or information shall be just cause for rejection of this application or subsequent discharge.
This application must be signed in ink and dated.

Signed: _____ Date: _____